

**Income Maintenance Advisory Committee  
Department of Health and Family Services  
Division of Health Care Financing  
February 19, 2004  
\*Minutes\***

County Attendees: **Gary Bailey**, Rock Co.; **Jackie Bennett**, Racine Co.; **Lynn Brenner**, Calumet Co.; **Sheila Drays**, Dodge Co.; **Joanne Faber**, Washington Co.; **Liz Green**, Dane Co.; **Gloria Guitan**, Milwaukee Co.; **Varetta Harris**, Milwaukee Co.; **Jane Huebsch**, Marathon Co.; **Ed Kamin**, Co-Chair, Kenosha Co.; **Doreen Lang**, Wood Co.; **Bob Macaux**, Florence Co.; **Kathi Madsen**, Douglas Co.; **Chris Machamer**, Waupaca Co.; **Michael Poma**, Milwaukee Co.; **John Rathman**, Outagamie Co.; **Felice Riley**, Milwaukee Co.; **Sue Schmitz**, Waukesha Co.; **Sheryl Siegl**, Winnebago Co.

State Attendees: **Autumn Arnold**, DHFS/BHCE; **Bernadette Connolly**, DHFS/BIMA; **Curtis Cunningham**, DHFS/OSF; **Janet Even**, DHFS/BHCE; **Brian Fangmeier**, DHFS/BIMA; **John Haine**, DHFS /BIMA; **Essie Herron**, DHFS/BIMA; **Vicki Jessup**, DHFS/BIMA; **Jim Jones**, DHFS/BHCE; **Bob Martin**, DHFS/BHCE; **Cheryl McIlquham**, DHFS/BHCE; **Mike McKenzie**, DHFS/BHCE; **Amy Mendel-Clemens**, DHFS/BHCE; **Scott Riedasch**, DHFS/BHCE; **Marilyn Rudd**, DHFS/BIMA; **Susan Rusboldt**, DHFS/OSF; **Joanne Simpson**, DHFS/BIMA

**Administrative Items**

- ◆ Congratulations to John Rathman on his promotion to Deputy Director of the Department of Health and Human Services for Outagamie County.
- ◆ December and January minutes were approved.
- ◆ IMAC meetings will return to Fen Oak, with the exception of July, which will be at the Agriculture building.
- ◆ Cheryl distributed information from the USDA on two grant opportunities. Handout is attached.

## **Sub-Committee Reports**

### **Program and Policy Coordination Committee**

See handout below.

### **Food Stamp Participation Grant**

Janet Even and Autumn Arnold gave an overview on the Food Stamp Participation Grant. The handouts below describe the Focus Groups conducted by Autumn, and a time line of activities under the grant.

### **Quality Assurance Committee**

This committee has been discussing the pros and cons of keeping the agency preventable errors in place. More information will be provided in the February Quality Assurance committee minutes. This discussion lead to questions on MEQC rules, and Vicki Jessup's upcoming review processing. (see MEQC handout below)

### **Training Update**

Three new worker classes have been scheduled simultaneously in Oshkosh, Mosinee and Eau Claire to accommodate the Counties' requests to bring the training closer to the participants rather than having only one centrally located class. Once everyone got their new workers registered, it was possible for us to see where it made the most sense, geographically, to hold the classes.

Counties were encouraged in the future to make sure they get their new workers signed up as early as possible so if requests are made to move training, we know where everyone is travelling from and to determine how many sessions are required.

Food Stamp processing training is still being analyzed. Counties asked that the information be sent to the county managers. However, we do not have a managers' e-mail list serve set up. It was suggested we do that in the near future. Amy Mendel-Clemens agreed to have a list set up using the current local agency listing we have published on our website.

## **MEQC Projects**

See handout below.

## **Management Information Needs of Local Agencies**

The attached listing of the Administrator's Memos for 2003 was distributed to determine whether IM managers are receiving all of the information they need as policies and processes are modified. Ed Kamin asked that a new Administrator's Memo be prepared for an IT sub-project on canned reports in the Automated Case Directory and available through EOS. This led to a discussion of what the counties are looking for in these reports, and how they want that information to be presented. The IMAC directed the IT Subcommittee to conduct a survey of counties on what their needs are for reporting information in the Automated Case Directory and how these reports should be formatted and accessed. We expect this survey to be conducted in March and April 2004. DHFS will use this information to determine the changes that will be made to the Automated Case Directory in Phase II and beyond. DHFS also committed to adding the ACD and other reports systems to the agenda for the 2004 State-County IT Conference.

## **IMAC Membership**

A Membership proposal was distributed for review before the next meeting.

## **Next Meeting**

The next IMAC meeting will start with items missed on this month's agenda, including the IT conference, and IMAC membership.



# NEWS RELEASE

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## **USDA ANNOUNCES \$6 MILLION IN FOOD STAMP PROGRAM OUTREACH AND ACCESS GRANT SOLICITATIONS**

WASHINGTON, Feb. 9, 2004--Agriculture Secretary Ann M. Veneman today announced the availability of up to \$6 million in two Food Stamp Program grant competitions to improve access to and awareness of USDA's Food Stamp Program for low-income households. Grant solicitations will be available to state and local government agencies and private non-profit organizations to simplify food stamp application and eligibility systems and to small community and faith based organizations to conduct food stamp outreach. The grants are part of the Bush Administration's commitment to make it easier for the working poor, immigrants and elderly to access food stamp benefits.

"Providing nutrition assistance to eligible families is a top priority for the Bush Administration," said Veneman. "Partnerships with state governments as well as private, non-profit groups including faith-based and community organizations helps give families needed nutrition assistance and builds on President Bush's commitment to improve services directed at reducing poverty and helping people in need. These grants also build on President Bush's commitment to increasing access to federal grants under his Faith Based and Community Initiative."

In an effort to improve access to food stamp benefits by eligible households, the 2002 Farm Bill authorized USDA to award \$5 million in grants for projects aimed at simplifying the food stamp application and eligibility systems or improving access to food stamp benefits by eligible households. USDA intends to award at least \$1 million out of the \$5 million to a partnership between a State agency and one or more private non-profit organizations, including faith or community-based organizations.

In a separate competition, FNS plans to award up to \$1 million to private nonprofit organizations or public agencies other than Food Stamp state agencies to conduct food stamp outreach to potential food stamp participants. Grantees will implement community-based outreach strategies that educate people about the benefits of food stamps and show potential for positive impact on participation. USDA will encourage small community and faith-based organizations to participate in this competition.

The Food Stamp Program, administered by USDA's Food and Nutrition Service (FNS), is the cornerstone of federal nutrition assistance programs and provides crucial support to

working poor and needy households. The program serves more than 23 million people, and currently reaches about 60 percent of those who are eligible to receive benefits.

-more-

“USDA’s nutrition assistance programs are an important safety net for those in need,” said Veneman. “These grants provide another opportunity to improve access for low-income Americans to a nutritious diet.”

Solicitations can be found online at [www.grants.gov](http://www.grants.gov) or on the FNS website at [www.fns.usda.gov/fsp](http://www.fns.usda.gov/fsp).

#

# February 2004

## Update from the IMAC Program Coordination Subcommittee

(co-chairs: McKenzie, Riedasch, Siegl)

### Medicaid and other Non-Food Stamp Issues

## 1. Annuities Policy Clarification

### Background

- ◆ Currently, annuities are considered to be available assets during their “accumulation” phase (when the person is paying in), but unavailable assets during their “annuitization” or payout phase.
- ◆ Learned recently from federal gov’t and other states (e.g., LA, NJ) that any annuity can be sold on the open market; even irrevocable, non-transferable annuities that are paying out.
- ◆ Because they can be converted to cash, they must be considered to be an available (and countable) resource in determining Medicaid eligibility.
- ◆ Ops Memo published 2/12/04: Any annuity purchased on or after March 1, 2004 will be considered to be an available asset, even if it’s paying out, unless the person shows that it cannot be sold (i.e., provides letters from 3 companies active in the annuities market saying that they will not purchase the annuity).
- ◆ Annuities purchased prior to March 1, 2004 are not affected by this policy clarification (i.e., will be considered to be available only while in the accumulation phase).

### Subcommittee

- ◆ Concerned about the effect on people with “smaller” annuities, having to convert these assets at a significant discount to pay for their long-term care before becoming Medicaid eligible.
- ◆ Some would have preferred that the policy clarification apply only to annuities above a certain value; annuities below this value would not be counted.
- ◆ This concern was shared with the annuities workgroup and DHFS management. Consensus was that such a policy:
  - would require rule change, further delaying implementation.
  - would reduce GPR savings through delay and a reduction in # of affected persons.
  - could encourage persons to purchase several “smaller” annuities.
- ◆ Some subcommittee members recommended that the Department gather and analyze data to determine where the threshold should be, below which the annuity would be considered an uncountable asset.

## 2. Funeral and Cemetery Aids Program

### Background

- ◆ The cemetery, funeral, and burial expenses of recipients of Wisconsin Works (W-2), Medical Assistance (MA; categorically needy), or Supplemental Security Income (SSI) not covered by their estates or other funding sources are covered within limits by a biennial GPR appropriation. Effective with the 2003-05 biennium, that appropriation is administered by the Department of Health and Family Services.
- ◆ When the funding was part of the Department of Workforce Development, the appropriation was a sum sufficient GPR appropriation, meaning that the Department of Administration could authorize GPR increases over the annual allocation based on actual expenditures.
- ◆ When the appropriation was transferred to DHFS, it was made a sum certain appropriation. Only the legislature can authorize GPR increases to a sum certain appropriation; however, s.49.785 was not modified to allow the Department to limit reimbursement to counties/tribes.
- ◆ The CY04 allocation for this program is \$4.5 million (GPR). If DHFS uses the same county allocation methodology that has been used in the past, \$5.1 million would be needed. Since the appropriation is biennial, expenditures over the \$4.5 million allotment can be covered by SFY 2005 funds. However, use of next year's funds will only increase the problem then.
- ◆ In the long-term, the Department may need to request a change in the 2005-07 Biennial Budget, for example:
  - Return the appropriation to sum sufficient status, or
  - Modify statutory language at s.49.785 to allow reimbursement limits.
- ◆ In the short-term, the Department would like to look at ways to assure uniform statewide application of current statutory requirements/restrictions.

### Subcommittee

- ◆ Discussion paper shared with subcommittee in December and counties (via DHFS Area Administration) in early January. County comments incorporated and shared with subcommittee on February 12; subcommittee comments due February 26.
- ◆ Discussion paper will be rewritten as an issue paper that explores pros/cons associated with centralization vs. local administration. Draft paper, with recommendation, will be presented to subcommittee (3/11) and IMAC (3/18).

### **3. Medicaid/SSI Application Process for Inmates Being Released**

- ◆ John LaPhilliph has been working with the DOC, DDB and the SSA to finalize DOC procedures to

help inmates with mental health concerns to apply for SSI and Medicaid. John has also received good feedback from several counties (Winnebago, Dane and Racine).

- ◆ Goal is for these inmates to have Medicaid benefits available to them upon release so that they can obtain needed medical services and prescription drugs. SSI and Medicaid applications will be submitted prior to the release date so that the inmate can be found eligible for benefits on the day of release or within a few days thereafter.
- ◆ Our hope is that most of these inmates will be found eligible for SSI and that very few applications will actually be sent to the local agencies.
- ◆ John and Medicaid trainer, Holly Jackson, will be participating in several training sessions for DOC staff around the state in March or April; plans are to implement the process in April.
- ◆ Ops Memo to go out in early March. The Ops Memo will also ask the local agencies to provide the name of an agency contact person for DOC who is assigned to process these applications.

#### Process Highlights

#### **SSI Applications:**

- ◆ DOC assists offenders in filing SSI Applications 90 days before release.

#### **Medicaid Applications:**

If still waiting for an SSI eligibility determination after 60 days, DOC staff help file MA applications within 30 days prior to release by:

- ◆ Submitting a mail-in application to the county where the offender intends to reside.
- ◆ Submitting needed Disability Determination forms and the Presumptive Disability forms.

Income Maintenance (IM) agencies would assist the offenders by:

- ◆ Working with DOC to determine Medicaid eligibility for the offenders pending their release into the communities.
- ◆ If otherwise eligible, delaying the eligibility confirmation until the day the offender is released.
- ◆ When necessary, providing Temporary MA ID cards.



# FOOD STAMP PROGRAM PARTICIPATION GRANT

## SUMMARY OF SCREENER-RELATED FOCUS GROUP FINDINGS

During February, we are conducting focus groups with the following constituents:

Recipients from Hunger Task Force of Milwaukee

6 low-income Milwaukee residents, all working and all familiar with the process of getting benefits.

Service providers at Dane County Hunger Prevention Council

Approximately 30 people representing church and non-church food pantries, Salvation Army and other multi-purpose agencies, services targeted to immigrant communities, and others.

Service providers from Community Action Agencies

Approximately 15 TEFAP coordinators from each of the CAA regions of Wisconsin.

Tribal Medicaid Eligibility Outreach Specialists

Residents of Arlington Court in Milwaukee (public housing for seniors)

### Desired Screener Characteristics Based on Focus Group Results to Date

The tool should test for all programs instead of asking users about which programs to test.

The tool should show the users how far along they are in the process and how much time it will take to complete.

The language we use should be as simple, welcoming, and encouraging as possible, with assurances about confidentiality. Conversational language is preferable. In addition, we should provide multiple assurances that people are not being “screened out” of benefits, either now or in the future.

The tool should allow users to go back and change their answers without having to start over.

The tool will not ask users for identifying information, such as name, SSN, or birth date.

The tool should use large typeface and high contrast between colors to make it easier to read.

We should have a mirror site in Spanish, as close in time as possible to the launch of the English version.

The tool’s URL should match the name of the program which could be accomplished by creating a site that would redirect people to the DHFS web site.

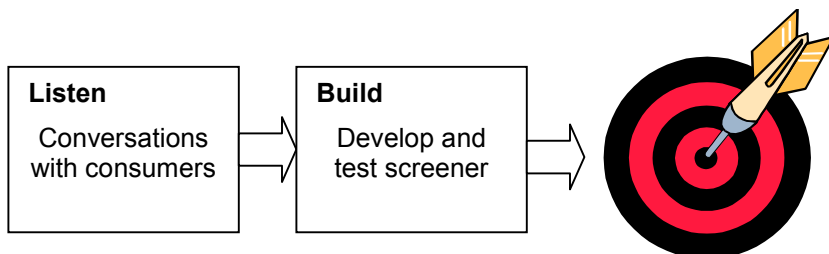
We should provide users with a “welcome page” at the beginning of the tool that allows them to review the kinds of information we will be requesting.

The tool should list the programs that users appear eligible for first. It should also provide information about why they don’t appear eligible for programs.

The user should include a brief computer tutorial for people who have limited computer experience.

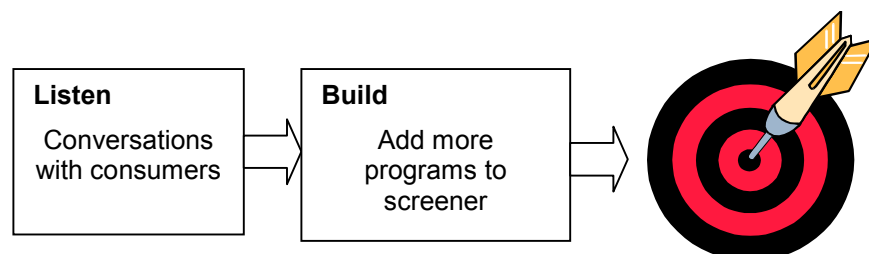
The tool should take no more than 15 minutes to complete.

# **A Road Map for Wisconsin's Online Screening and Enrollment Tools**



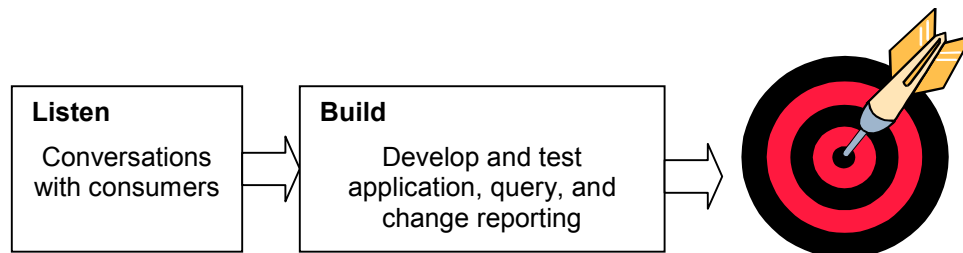
**Online Screener:  
September 2004**

**Screener for Food Stamps, Family Medicaid  
and SeniorCare becomes available to  
consumers**



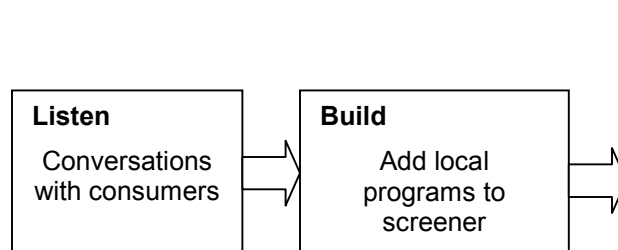
**Screener with More Programs: December 2004**

**Other programs become available to consumers  
through screener (EBD Medicaid, WIC, others to be  
determined)**



**Application, Query and Change Reporting Tools: October  
2005**

**Online application, query and change reporting tools  
for Food Stamps and Medicaid become available to  
consumers.**



**Screener with Local Programs: January 2006**

**Complete screener (including state and local  
programs), online application, query and  
change reporting tools become available to  
consumers**



# Food Stamp Program Participation Grant Summary

This past summer, USDA awarded the Wisconsin Department of Health and Family Services (DHFS) a \$1.7 million grant to develop and pilot Internet-based access tools. The project is designed to increase participation in food stamps and other benefit programs, improve customer service, reduce benefit errors, and ease workload for caseworkers.

With these tools, potentially eligible people and service providers can use a simple Internet site to:

- Screen for program eligibility
- Apply for benefits
- Get information about current benefits
- Report changes to a caseworker

The first phase of the project will include Food Stamps, Family Medicaid and SeniorCare, but the tools will be designed to include other assistance programs.

## *Community Partners*

To implement this pilot project, DHFS is seeking community partners who are willing to participate in some or all of the following activities:

- Help arrange focus groups or informal conversations with potentially eligible people
- Give input directly on the design and implementation of the online tools.
- Perform outreach activities with potentially eligible people
- Assist potentially eligible people with the screening and application tools
- Make the online tools available at self-service computer terminals
- Train community leaders on how to use the online tools so they can help their constituents make full use of the tools.

In addition, we have established formal partnerships with the Wisconsin Community Action Program Association (WISCAP), Hunger Task Force of Milwaukee, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). These agencies will participate in the activities listed above, as well as help us test and compare specific delivery models for the new tools.

## *Project Timeline*

This pilot project was launched in November 2003 and will extend through May 2006.

## *Contact Information*

Janet Even – Project Director  
EvenJC@dhfs.state.wi.us; 608-267-7115

Autumn Arnold – Project Policy/Evaluation Analyst  
ArnolAD@dhfs.state.wi.us; 608-266-0157

Ed Dillon – Project Systems Analyst  
DilloE@dhfs.state.wi.us; 608-264-7731

## **Overview of Wisconsin's Medicaid Eligibility Quality Control (MEQC) Projects**

### ***What is Medicaid Eligibility Quality Control (MEQC)?***

States are required by federal regulations to conduct annual Medicaid quality control projects. States can choose whether to sample from the entire Medicaid universe, or conduct special studies that focus on a specific group of Medicaid recipients. MEQC evaluations are an important source of information for program improvement efforts.

### **Wisconsin's 2002 MEQC Project: The impacts of program simplification and streamlined verification changes on customers, workload and eligibility determinations**

The primary goals of Wisconsin's 2002 MEQC project were to:

- ◆ Assess the impact of program simplification and streamlined verification changes on the accuracy of Medicaid eligibility determinations.
- ◆ Evaluate the impacts of program simplification and streamlined verification changes on customer service and the workload of local human service agencies.
- ◆ Identify areas to target for policy and process improvements.

#### **Case Reviews**

##### **1. Active Cases**

Quality assurance reviews were completed for 353 cases in which Family Medicaid was certified between October 2001 and September 2002. Eight percent of the cases reviewed were determined to be in error: income exceeded program limits in 6% of the cases reviewed and in 2% of the cases reviewed, recipients did not meet non-financial eligibility criteria (e.g. residency, household composition)

##### **2. Terminated/Denied Cases**

In addition to the active study, 228 cases where Medicaid eligibility was denied or terminated were reviewed. Of those, 9.6% were considered in error because the applicant/recipient was not properly notified of information and/or verification required for Medicaid, or because adequate time was not allowed to produce required verification before negative action was taken.

#### **Eligibility Worker Survey**

A survey was developed to gather information from eligibility workers about their experiences with program simplification and streamlined verification changes. Survey data indicates that eligibility workers perceive that changes have made the application process easier for customers, but have also increased local agency workload.

The full report can be found in the "Supplemental Info" section on the IMAC web site as follows: [http://www.imac.state.wi.us/sup\\_info/pdf/2002MEQCreport.pdf](http://www.imac.state.wi.us/sup_info/pdf/2002MEQCreport.pdf)

## Wisconsin's 2003 MEQC Project: SeniorCare

### Specifics about Wisconsin's 2003 MEQC Project: SeniorCare

For FFY 2003, Wisconsin is measuring performance against SeniorCare quality assurance goals, which include an efficient application process and accurate eligibility determinations.

#### Case Reviews

##### **1. Active Cases**

A random sample of 600 cases for which SeniorCare benefits were approved between September 2002 and August 2003 is being reviewed for the following non-financial eligibility elements:

- ◆ Wisconsin residency
- ◆ Age
- ◆ Citizenship/Immigration status
- ◆ Social Security Number
- ◆ Cooperation in providing information
- ◆ Payment of enrollment fee

In addition to review of non-financial eligibility factors, financial eligibility is also examined. For SeniorCare cases selected for a quality assurance review, self-reported income amounts are compared to information available through data exchanges. The participant and/or third parties are contacted when additional information is needed to determine whether the eligibility determination was correct.

##### **2. Terminated/denied cases**

A random sample of 110 SeniorCare cases terminated or denied is also being reviewed to determine if the termination or denial was correct, and if requirements for timely notice were provided. If any incorrect denials or terminations are discovered through the review process, action will be taken to restore eligibility.

#### **Customer Satisfaction Survey**

A survey was developed to gather information from participants about outreach efforts, the application process, customer service and program benefits. Data gathered thus far indicates that participants generally perceive the application process as simple and have a good understanding of the benefits they can expect to receive at the time they apply.

## Wisconsin's 2004 MEQC Project: Impacts of program simplification and streamlined verification changes on the accuracy of Medicaid cost sharing determinations for elderly, blind and disabled (EBD) recipients.

For FFY 2004, Wisconsin will conduct a MEQC study that measures the effects of program simplification and streamlined verification policies on the accuracy of EBD Medicaid cost sharing determinations. Wisconsin intends to evaluate the EBD cost share determination process in order to establish baseline data and target areas for program and process improvement.

#### **Case Reviews**

##### **1. Active Cases**

A random sample of 600 cases will be drawn and reviewed to determine if the cost sharing (e.g. patient liability, cost share, premium, deductible) amount was correct. The sample is limited to cases where full-benefit EBD Medicaid was certified between October 2003 and March 2004. The EBD Medicaid case types included in this evaluation are listed below:

- ◆ SSI-related Medicaid (6-month deductibles)

- ◆ Institutional Medicaid (nursing home)
- ◆ Community Waivers Programs (CIP, PACE, WPP)
- ◆ Family Care
- ◆ Medicaid Purchase Plan (MAPP)

For EBD Medicaid cases selected for a quality assurance review, self-reported income amounts will be compared to information available through data exchanges. The recipient and/or third parties will be contacted when additional information is needed to determine whether the cost sharing determination was correct. In addition, verification will be sought to determine the accuracy of income allocations and any deductions (e.g. medical/remedial expenses, health insurance premiums) that were used to reduce the cost-sharing amount.

## **2. Terminated/denied cases**

A random sample of EBD Medicaid terminations and denials that resulted from failure to provide verification and occurred between October 2003 and March 2004 will be drawn. Approximately 210 of those cases will be reviewed to determine if the termination or denial was correct, and if requirements for timely notice were provided. Information gathered from this evaluation will be used as a basis for corrective action to prevent future incorrect Medicaid denials and terminations.

## **Customer Satisfaction Survey**

Client surveys will be administered to collect specific information about the application process, customer satisfaction and the level of assistance that the applicant may have received. Potential trends and/or differences between application methods will be explored.

03-01 3-25-03	New Department of Health and Family Services/Division of Health Care Financing Administrator's Memo Series
03-02 4-1-03	2003 Required Training for Income Maintenance (Food Stamps, Medicaid) Staff
03-03 4-4-03	Requirements for W-2, Child Care, Medicaid and Food Stamp Application
03-04 5-30-03	2004 Base Income Maintenance Administrative Allocation Preliminary Notice
03-05 7-7-03	Income Maintenance Advisory Committee (IMAC)
03-06 7-10-03	Status of IM Agencies under the health Insurance Portability and Accountability Act of 1996
03-07 7-25-03	Income Maintenance Financing Issues, Including additional funding for 2003
03-08 12-01-03	FS Management Evaluation Review/03-12
03-09	2004 Public Assistance Fraud, Medicaid Transportation and Funeral Cemetery Allocations and County Fraud Instructions
03-10	Not Used
03-11	<b>QA Plan + Customer Service Standard</b>
03-12 12-04-03	Food Stamp Management Evaluation Review
03-13	Public Assistance Benefit Recovery of Overpayment
03-14 12-15-03	Supplemental Income Maintenance Funding for 2004

# **IMAC Membership**

## **BACKGROUND**

The Department of Health and Family Services, Division of Health Care Financing employs qualified staff to plan, implement, and evaluate program policies and procedures and to carry out statewide Income Maintenance (IM) programs. IM programs are defined in the IM Appendix to the State and County Contract Covering Social Services and Community Programs as the Food Stamp Program, Medicaid/BadgerCare Program, Family Care Program, Caretaker Supplement Program, and the Funeral and Cemetery Aids Program.

The Income Maintenance Advisory Committee (IMAC) was convened in the 1980's to examine issues and develop options and specific actions necessary to make meaningful progress in achieving statewide quality IM programs. Under the current IM Appendix, the IMAC is described as "A body of local representatives selected under the Department's Policies and Procedures to provide input and advice to the Department on matters relating to IM programs and this contract."

Recommendations submitted to IMAC are intended to provide local agency input into potential programmatic, procedural or policy issues to be considered by the state. Although the state has final decision-making authority, the recommendations of IMAC will be considered.

## **IMAC MEMBERSHIP**

### Co-Chairs

The Committee shall be co-chaired by one state representative from DHFS who is to be appointed by the Administrator of the Division of Health Care Financing in DHFS. The appointed state Co-chair shall appoint an acting Co-chair in the event the Co-chair cannot attend a particular meeting.

The Committee shall also be co-chaired by one local agency representative who shall be appointed by the Wisconsin County Human Services Association(WCHSA). WCHSA shall also appoint one member as acting Co-chair in the event the Co-chair cannot attend a particular meeting. The Co-chair shall serve as long as approved by WCHSA, but no longer than three years.

### Local Agency Representation

WCHSA shall determine which local agencies will have official representatives as members of IMAC. The Director of each agency determined to have representation by WCHSA shall nominate one representative from the agency.

In addition to the local agency Co-chair, up to 12 official IMAC members shall be chosen. WCHSA shall ensure that two agencies from each of the five DHFS regions in the state are represented. In addition, there shall be at least one Milwaukee representative and one tribal representative. Representation shall be chosen to assure a mix of agencies of various sizes.

Initially, 1/3 of the members shall serve a one-year term, 1/3 of the members shall serve a two-year term, and 1/3 of the members shall serve a three-year term. New members shall then serve a three-year term. Members may be reappointed.

### State Representation

The State will not appoint official members to the IMAC. The State will be responsible for Co-chairing the IMAC and subcommittees and assuring that appropriate state staff attends the IMAC to provide information about the agenda topics.

### Other Public Input

The IMAC meetings are open public meetings. The agendas for each meeting shall include a public input period.

## **MEMBER RESPONSIBILITIES**

All members are responsible for assessing program needs or identifying concerns that are to be addressed by the committee.

### Local Representatives



WCHSA shall assign each local representative to represent all agencies in their region. Each local agency member of IMAC is responsible to:  
Communicate issues discussed at the IMAC, including issues brought forth by IMAC subcommittees to the IM agencies in their region;  
Be the primary contact for input to the IMAC for all agencies in their region, and bring issues to the IMAC on behalf of those agencies;

#### State

Although the state does not have official membership apart from the Co-chair, the state is responsible for staffing the committee and bringing new initiatives and other relevant issues to the committee for input.

#### Co-Chairs

The Co-Chairs are responsible for jointly establishing the agenda for each IMAC meeting.  
The State Co-Chair is responsible for ensuring that minutes from the meeting are published.  
The State Co-Chair is responsible for ensuring that the IMAC website is updated.  
The Local Agency Co-Chair is responsible each year for providing the DHFS Co-Chair with an updated list of members.

#### MEETINGS

The Income Maintenance Advisory Committee will meet once per month or as needed. Meetings are regularly scheduled on the third Thursday of each month.

#### IMAC SUBCOMMITTEES

To assist with its overall responsibilities and to address specific issues, the IMAC has established subcommittees. Subcommittees are determined each year jointly by the state and local agency representatives. The IMAC coordinates assignments and determines follow-up initiatives assigned to subcommittees.

Each subcommittee is co-chaired by a local agency representative and a DHFS representative. The co-chairs of the subcommittee are responsible for keeping membership current and appropriate. Assistant Area Administrators for IM shall have the opportunity to appoint one representative to each subcommittee. Subcommittee membership can include other public associations and interest groups.

The subcommittees should use a standard format to present policy options, pros/cons, and subcommittee recommendations to the IMAC.

Co-chairs of the subcommittees are responsible to submit electronic versions of the subcommittee's agendas and minutes to the person appointed by the DHFS IMAC Co-chair for publication on the IMAC website.